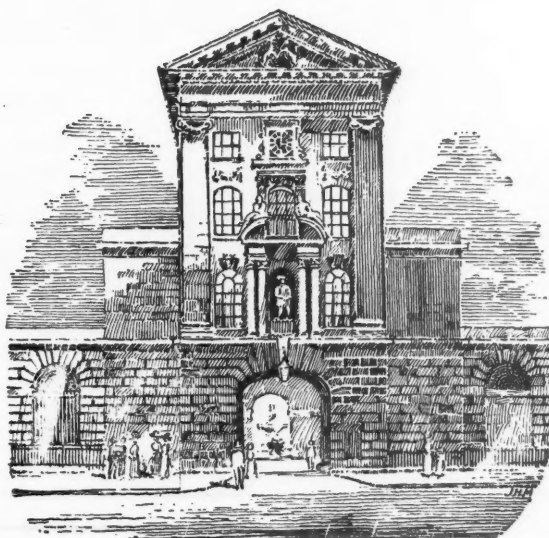


ST BARTHOLOMEW'S HOSPITAL JOURNAL



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CONTENTS.

	PAGE		PAGE
Calendar	173	Students' Union :	
Editorial Notes	173	Cricket Club	187
A Radiographic Study of an Encysted Pleural Effusion. By J. V. Sparks, D.M.R.E.(Camb.)	175	Tennis Club	187
A Case of Leuko-Sarcoma. By W. S. Baxter, M.R.C.S., L.R.C.P.	177	The Boat Club	187
Some Notes on Medicine in the Classical Greek Dramatists. By J. A. Struthers, M.D., M.R.C.P.	180	Times for Attendances in the Out-Patients' and Special Departments	188
Some Bart's Orators. By W. R. Bett, M.R.C.S., L.R.C.P.	183	Correspondence	189
Acknowledgments	185	Reviews	189
The Ancestry of Kai Lung. By W. ...	185	Recent Books and Papers by St. Bar- tholomew's Men	191
Abernethian Society	187	Examinations, etc.	192
		Changes of Address	192
		Appointments	192
		Births	192
		Marriages... ..	192
		Deaths	192
		Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

	PAGE		PAGE
Allen & Hanburys Ltd. Ophthalmoscope	x	Northwoods, Winterbourne, Bristol ..	iii
Auchterlonie, Williams & Co. Ltd.	xi	Paripan, Ltd.	xi
Books—		Parke, Davis & Co. ... 'Metatone'	vi
Adlard & Son, Limited The Fundus Oculi	iii	Ronuk	ii
The Puerperium	iii	Shepherd, A.	iii
Baillière, Tindall & Cox Recent Publications	iv	St. Bartholomew's Hospital	
Boots Pure Drug Co., Ltd.	x	Medical College Preliminary Scientific Department	viii
Clinical Research Department of St. Bartholomew's Hospital	xii	Ditto Scholarships; Bacteriology	viii
Down Bros.	xii	Ditto Fellowship Classes; Entrance Scholarships	ix
Evans & Witt	iii	St. Bartholomew's Trained Nurses' Institution	iii
Booksellers, Stationers, etc.	iii	The London and Counties Medical Protection Society, Ltd.	v
Maw, Son & Sons, Ltd. "Tensile" Glove	vii	Virol	vi
Medical Sickness, Annuity and Life Assurance Society, Ltd.	vii	Willans, G. J.	v
Millikin & Lawley Microscopes, Instruments, etc.	ii	Transfer of Practices, etc.	v

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"Æquam memento rebus in arduis
Servare mentem."
—Horace, Book ii, Ode iii.

JOURNAL.

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JUNE 1ST, 1931.

PRICE NINEPENCE.

CALENDAR.

- Mon., June 1.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., „ 2.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Wed., „ 3.—Surgery: Clinical Lecture by Mr. Harold Wilson.
Tennis Match *v.* R.M.A. (Woolwich). Away.
Thurs., „ 4.—**Abernethian Society: Summer Sessional Address by Prof. Wilkie, 8.30 p.m.**
Fri., „ 5.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Medicine: Clinical Lecture by Sir Percival Hartley.
Sat., „ 6.—Cricket Match *v.* Old Leysians. Home.
Tennis Match *v.* St. Mary's Hospital. Home.
Mon., „ 8.—Special Subject: Clinical Lecture by Mr. Russell.
Tues., „ 9.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Wed., „ 10.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Tennis: 2nd Round Inter-Hospitals Cup.
Fri., „ 12.—Dr. Gow and Mr. W. Girling Ball on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Sat., „ 13.—Cricket Match *v.* "Past." Home.
Tennis Match *v.* "Past." Home.
Mon., „ 15.—Special Subject: Clinical Lecture by Mr. Higgs.
Tues., „ 16.—Prof. Fraser and Prof. Gask on duty.
Wed., „ 17.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
Cricket Match *v.* Richmond. Away.
Tennis Match *v.* Royal Artillery (Woolwich). Home.
Fri., „ 19.—Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
Medicine: Clinical Lecture by Sir Thomas Horder.
Last day for receiving matter for the July issue of the Journal.
Sat., „ 20.—Cricket Match *v.* Guy's Hospital. Home.
Tennis Match *v.* Winchmore Hill, L.T.C. Home.
Mon., „ 22.—Special Subject: Clinical Lecture by Mr. Elmslie.
Tues., „ 23.—Sir Thomas Horder and Sir C. Gordon-Watson on duty.
Wed., „ 24.—Tennis: 3rd Round Inter-Hospitals Cup.
Fri., „ 26.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
Medicine: Clinical Lecture by Dr. Gow.
Sat., „ 27.—Cricket Match *v.* Reading University. Away.
Tennis Match *v.* Royal Artillery (Woolwich). Away.
Mon., „ 29.—Special Subject: Clinical Lecture by Mr. Russell.
Tues., „ 30.—Dr. Gow and Mr. W. Girling Ball on duty.
Swimming: Inter-Hospitals Final.

EDITORIAL.

WARING WARD.

WON March 25th, at the sanction of the quarterly Court of the Governors, Lord Stanmore unveiled a tablet in Waring Ward commemorating the long service of Sir Holburt Waring to the Hospital. The inscription on the tablet is here printed: "This Ward is named by the Governors of the Hospital as a mark of appreciation of the guidance and valuable service given by Sir Holburt Waring, M.S.Lond., F.R.C.S.Eng. in connection with the construction and equipment of this surgical block and the operating theatres adjoining. And in recognition of his distinguished services as an Assistant Surgeon (1902-9) and Surgeon (1909-31) the General Court has elected Sir Holburt Waring a Consulting Surgeon and a Governor of this Hospital. 23rd April 1931"

The erection of a tablet in a ward named after a surgeon during his lifetime is a most unusual procedure; and Sir Holburt Waring is to be congratulated on the honour done to him as well as on being made a Governor of the Hospital.

* * *

DINNER TO SIR HOLBURT WARING.

On the occasion of the retirement of Sir Holburt Waring from the active Staff of the Hospital he was entertained to dinner by his old house surgeons at the Langham Hotel on May 5th. Since his appointment to the full Surgical Staff of the Hospital in 1909 Sir Holburt has had no fewer than fifty-five house surgeons, though of course during the war period tenure of this office was often very brief. Of this number thirty-three were present—surely a record gathering for such a dinner to an old chief. Mr. A. L. Moreton, the chairman, spoke of the great work which Sir Holburt had carried out in

the Hospital and in the Medical College—a work in which that rare combination of vision and meticulous care of detail had gone hand in hand, and a work the importance of which had been recognized in the naming of "Waring" Ward. Before proposing Sir Holburt's health Mr. Moreton presented a mazer bowl, the gift of the old house surgeons. Sir Holburt, in reply, not unnaturally recalled some of his early memories of the Hospital, of an era so close in time, yet so remote in its surgical medievalism. In regard to his house surgeons, Sir Holburt said he considered them as his surgical children, and that though each in turn had merited the epithet "the worst house surgeon he had ever known," the harshness of their surgical infancy had apparently been justified in its results.

To the good wishes of these especial surgical children are joined those of Sir Holburt's old pupils, that health and happiness may be his in what in name, but not in fact, we must call his retirement.

* * *

A special correspondent has sent the following report:
BRIGHTER JUMBLE SALES.

STRANGE SCENES IN THE OLD SURGICAL BLOCK.

On Thursday, May 21st, numbers of people, mostly women, were seen tearing across the Square and surging round the stair-case of the old Block. They were not patients coming to visit the ghosts of their old friends, but buyers at the huge Jumble Sale magnificently organized and run by Mrs. J. E. H. Roberts and Mrs. Elmslie, ably supported by members of the Women's Guild. A striking and what proved to be a most attractive feature of the Sale was a giant lucky dip and canteen, most generously provided and run by Mrs. Hinds Howell and her friend Mrs. Harris and their many helpers. The whole affair was a howling (screaming) success and went with a roar from start to finish. Buying was very brisk—in fact so brisk that a stalwart member of the City Police had to be called in to preserve law and order. The admiration of all will go to the noble efforts of the many ladies for their great energy and enterprise. The result of the joint efforts, we understand, amounts to about £238.

* * *

PROFESSOR WILKIE.

We extend a hearty welcome to Prof. D. P. D. Wilkie, Professor of Surgery in the University of Edinburgh, who is coming to take charge of the Surgical Professorial Unit from Monday, June 1st, until Friday, June 12th.

On Thursday, June 4th, he will address the Abernethian Society on "Surgery in Edinburgh in the Time of John Abernethy."

THE WEEK-END POST-GRADUATE COURSE.

The Week-end Post-Graduate Course, advertised for June 26th and June 27th, 1931, is apparently proving popular. It is of the nature of an experiment which, if it prove successful, will be repeated. The subjects chosen have a wide application and will be dealt with on practical lines. There are still a few vacancies.

* * *

NINTH DECENNIAL CLUB.

The Dinner of the Ninth Decennial Contemporary Club will be held at the Langham Hotel on Wednesday, July 1st, at 7.30 p.m. Dr. C. F. Hadfield will take the Chair. The secretaries are Mr. R. C. Elmslie and Dr. C. M. Hinds Howell.

* * *

PAST v. PRESENT CRICKET MATCH.

The *Past v. Present* match will be played on Saturday, June 13th, at 11.30 a.m. Gentlemen wishing to play should notify Dr. Geoffrey Bourne at St. Bartholomew's Hospital or at 47, Queen Anne Street, as soon as possible.

* * *

JOHN LANE PRESENTATION.

The John Lane Presentation Committee desire cordially to thank the members of St. Bartholomew's Hospital for their help in ensuring the success of the Presentation. The Presentation will consist of a gold watch and chain, together with a cheque, a short address, and a list of the subscribers.

* * *

CAMBRIDGE UNIVERSITY MEDICAL SOCIETY BALL.

This event will take place on Friday, June 12th, in Cambridge. Information may be had from Mr. P. W. Ingram, 25, Green Street, Cambridge.

* * *

Congratulations to Prof. Kettle, Sir Bernard Spilsbury and Dr. R. Hilton on being made Fellows of the Royal College of Physicians.

* * *

Congratulations to Dr. R. R. Armstrong and Mr. H. Burt-White, who have been awarded the Nichols Prize of the Royal Society of Medicine for their joint work on puerperal sepsis.

Congratulations to Mr. E. W. Bintliffe, who has been awarded the Dunn Exhibition in Anatomy for 1931.

* * *

APOLOGY.

In the May issue of the JOURNAL the two blocks illustrating Dr. Chandler's article were reproduced by the courtesy of the Genito-Urinary Manufacturing Company, whose pardon we publicly beg that due acknowledgment was not then made.

* * *

BRITISH MEDICAL ASSOCIATION.

*Ninety-ninth Annual Meeting, Eastbourne,
July 22nd-24th, 1931.*

The following St. Bartholomew's men are holding office or taking part in the proceedings:

Medicine.—Dr. GEORGE GRAHAM is a Vice-President. Sir THOMAS HORDER will open the Discussion on the Treatment of Septicæmia, and Prof. F. R. FRASER that on Exophthalmic Goitre.

Surgery.—Mr. R. OGIER WARD will open and Dr. E. J. H. ROTH will speak in the Discussion on Recent Advances in Diagnostic Methods in Renal Affections.

Gynæcology.—Dr. W. H. F. OXLEY will speak in the Discussion on the Management of Breech Labour.

Diseases of Children.—Dr. CHARLES F. HARRIS is a secretary.

Pathology and Biochemistry.—Dr. CANTI is a Vice-President. Sir W. DALRYMPLE-CHAMPNEYS will open the Discussion on Milk-borne Diseases, other than Tuberculosis.

Public Health.—Sir GEORGE S. BUCHANAN is President. Dr. G. MURRAY LEVICK will open the Discussion on Organized Treatment of Infantile Paralysis.

Neurology and Psychological Medicine.—Prof. A. J. HALL will speak on Intra-Cranial Hæmorrhage.

Oto-Rhino-Laryngology.—Mr. BEDFORD RUSSELL and Mr. MUSGRAVE WOODMAN are Vice-Presidents. Sir JAMES DUNDAS-GRANT will read a paper on The Nasal Element in Spasmodic Asthma, and Mr. F. W. WATKYN-THOMAS will open the Discussion on Vertigo.

Ophthalmology.—Mr. E. W. BREWERTON will read a paper on Sclerectomy, its Difficulties and Dangers.

Dermatology.—Dr. A. C. ROXBURGH is a Vice-President. Dr. H. D. HALDIN-DAVIS will read a paper on Onychia as an Occupational Dermatoses.

Orthopædics.—Mr. R. C. ELMSLIE will speak on Transplantation of Bone.

Hydrology and Climatology.—Sir HENRY GAUVAIN will speak on The Use and Abuse of the Seaside for Delicate Non-Tuberculous Children.

§

A RADIOGRAPHIC STUDY OF AN ENCYSTED PLEURAL EFFUSION.

AN encysted pleural effusion involving all the interlobar surfaces is rarely seen demonstrated by X-rays. It seems worth while recording this case, to show the importance of the lateral view in the further investigation of abnormal appearances in radiograms of the chest. It must be recognized that a great deal can be learned in such a case from a screen examination combined with radiograms taken in oblique and lateral positions before methods are resorted to which cause more discomfort and inconvenience to the patient, such as lipiodol injections, paracentesis, diagnostic pneumothorax or bronchoscopic investigations.

Anyone familiar with the modern methods of interpretation of X-ray appearances is able to say quite definitely that this patient had a pleural effusion at the left base and an encysted effusion on the right side, separating the septa between the upper and lower, and upper and middle and lower lobes.

History of present condition.—M. O—, æt. 55, a tailor, was admitted to St. Bartholomew's Hospital under care of Dr. A. E. Gow on May 7th, 1930, complaining of shortness of breath on exertion. Eleven months previously, following a motor ride, he had an attack of dyspnœa and pain in the left side of the chest. Shortness of breath continued in varying degree; there was no history of hæmoptysis, of sweats, or of cough. Six weeks previous to his admittance he had a sudden dyspnœa accompanied by a pain in the chest and a tugging sensation at the neck. The dyspnœa was intermittent and recurred. He had lost one stone in weight. A fortnight before admission two and a half pints of blood-stained fluid were aspirated from the left chest.

Past history.—He had a history of recurrent hæmaturia and an indefinite history of phthisis thirty years ago.

On admission he was apyrexial, with a pulse frequency of 80. The respiration-rate was 20 per minute. He was coughing up a small quantity of muco-purulent sputum, in which tubercle bacilli could not be demonstrated at three separate examinations. Blood Wassermann and Sigma tests were negative.

The physical examination showed that the chest was well covered, and that the left side did not move as freely as the right; the apex-beat was in the fifth space in the nipple line.

Friction was heard above and to the outer side of the left nipple. On the right side the percussion note was impaired between the spine and the vertebral border

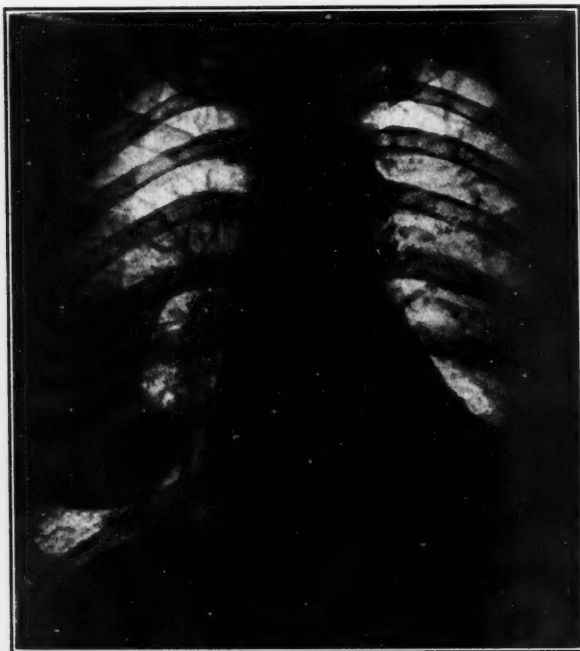


FIG. 1.—ANTERIOR VIEW TAKEN 9.5.30.



FIG. 2.—RIGHT LATERAL VIEW TAKEN 9.5.30.



FIG. 3.—ANTERIOR VIEW TAKEN 23.5.30.

of the scapula. The breath-sounds in this area were bronchial in character and over a small area there was whispering pectoriloquy. Elsewhere the breath-sounds were vesicular. *Râles* were audible all over the back, save only at the left base.

RADIOGRAMS.

Diaphragm.—The radiograms taken on May 9th, 1930, show that the right diaphragm outline appears normal. The left diaphragm outline cannot be seen.

Heart.—The heart is enlarged slightly to the left.

Aorta.—The mediastinal shadow is slightly widened, but there is no indication to show that the enlargement is due to the aorta itself.

Hila.—The right hilum is diffuse and contains some dense foci. The left hilum contains one large calcareous mass with some smaller dense foci below it.

Right lung field: Upper zone.—The apex is dull; the dullness is seen to be due to thickening of the pleura.

Mid zone.—The markings are consistent with normal.

Lower zone.—A large homogeneous opacity with clear-cut margins is seen superimposed upon the fourth and fifth spaces (Fig. 1); it is of a peculiar shape, and the true lateral view (Fig. 2) shows it to be lying obliquely in the plane between the upper and lower lobes; anteriorly it has two cornua, the lower one of which reaches and is attached to the diaphragm. The upper one runs anteriorly and towards the mid-line. The diaphragm itself is moderately well outlined.

Left lung field: Upper zone.—The apex is dull and the dullness is seen to be due to thickening of the pleura.

Mid zone.—Numerous areas of calcareous mottling are seen.

Lower zone.—The costo-phrenic angle is obscured by a triangular opacity with an indefinite upper margin.

X-RAY DIAGNOSIS.

- (1) There is a healed tuberculous lesion in the left upper and mid zones.
- (2) There is a pleural effusion at the left base.
- (3) There is an encysted interlobar effusion between the right upper and lower lobes, with a communicating projection between the upper and middle lobes.
- (4) There is no evidence of new growth.

On May 22nd, 1930, the signs had cleared on both sides, but the patient was still bringing up one to two ounces of purulent sputum.

The radiogram taken on May 23rd, 1930 (Fig. 3), showed that both diaphragm outlines now appeared to be clear, although they were a little uneven. The apex

of the heart was well defined. The pleural thickening at the apices remained, and the calcareous deposits in the left upper and mid-zones and the left hilum persisted. The right lung showed complete disappearance of the opacity due to the interlobar effusion; the only remaining indication of it was the visible interlobar septum between the upper and middle lobes, which is so often seen in the normal radiogram. On the left side the triangular opacity which obscured the costo-phrenic angle had disappeared.

This case is published to illustrate the rapidity with which pleural effusion, whether of the type usually seen on the left side, or encysted, as is so rarely seen on the right side, can be absorbed, leaving practically no radiological signs.

It is also of interest to note the radiological "surface markings" of the septa separating the lobes of the right lung, and to note that the routine oblique view did not give any helpful information as to the condition present on the right side.

I am greatly indebted to Dr. A. E. Gow for permission to publish this case and for his assistance and collaboration.

J. V. SPARKS.

A CASE OF LEUKO-SARCOMA.



HIS case is reported as an example of the rare condition named by Sternberg (1) "leuko-sarcoma," intermediate in character between lympho-sarcoma and lymphatic leukæmia.

The patient was a boy æt. 16, who was admitted to the Hospital suffering from severe cough, dyspnoea and swellings in the neck, axillæ and groins. The following is a brief account of the case:

4 months: Onset of vague malaise and depression; pains in legs on walking.

3 months: Cough began; swellings in neck, axillæ and groins appeared gradually and almost simultaneously. Marked weakness; night sweating; loss of weight.

7 weeks: Took to his bed; unable to lie flat because of dyspnoea. Abdomen swollen; occasional epistaxis.

6 weeks: Much worse; cough continuous. Skiagram revealed mediastinal mass. Blood-count: whites 34,800, 63% being "large mononuclear cells resembling myeloblasts." Temperature varied between 99° and 102°. Wassermann negative. Treated by drugs for myeloid leukæmia.

7 days: Sudden onset of oedema of left arm, chest and face (principally left side). Bruising of both orbits; rash on face. Hæmoptysis began. Legs were not swollen. Appetite was poor, but there was no nausea nor vomiting. Frequent frontal headaches. Bowels regular.

Past history.—Always healthy, except for an attack of diarrhoea lasting three weeks, just before the onset of the present illness.

Examination.—Extremely dyspnoeic; frequent prolonged but ineffective coughing; cyanosed. Face oedematous, especially on left side; left eye almost closed. Slight traces of "black eye" on both sides; fading purpuric rash on face. Pupils equal, reacting

normally; no conjunctival nor retinal hæmorrhages. Tongue clean and moist, tonsils small, teeth good; no ulceration in mouth.

Neck oedematous; in the neck, axillæ and groins many enlarged glands were felt, some soft, some stony hard, varying in size from



FIG. 1.



FIG. 2.

$\frac{1}{2}$ in. to 1 in. in diameter, attached to one another but not to the skin, which was not discoloured. No tenderness. Chest oedematous, an inch of pitting. Enlarged veins present. Very little movement on respiration. Heart apparently normal. Lungs: Dullness everywhere, except on the right side below the clavicle and at the back; right axilla dull. Breath-sounds vesicular except at right base and axilla, where there was bronchial breathing. Sounds weaker

on left side. Coarse râles and rhonchi everywhere. Pulses equal; blood-pressure 120/65, equal on both sides. Abdomen oedematous, moving poorly; dilated veins seen. Liver and spleen both enlarged to 5 in. below costal margin; no tenderness, no signs of free fluid. Limbs oedematous on left side; right arm and leg normal. Reflexes normal. Urine contained a trace of albumen, but no Bence-Jones protein. Sputum was blood-stained; no acid-fast bacilli. Blood-count: reds 4,200,000, Hb 67%, whites 22,400, of which 53.5% were small lymphocytes, 29.5% large lymphocytes and lymphoblasts; nucleated reds, punctate basophilia and polychromasia were present to a slight extent.

Diagnosis.—Leukæmia, probably acute lymphatic.

Treatment.—X-rays, daily doses of 1 H. to the abdomen. Palliative measures for the cough: Brompton lozenges seemed to give some relief.

Course.—In spite of the treatment, the patient became steadily worse; fluid appeared at both bases, epistaxis became more frequent and severe. Small retinal hæmorrhages were observed a few days before death, which occurred 14 days after admission. The patient's temperature varied between 97° and 99°, rising to 103° in the terminal stages; respiration was 18–24 throughout the illness; pulse 110 to 130. The white count fell to 16,200 after six doses of X-rays, the percentages of lymphocytes and lymphoblasts remaining the same as before.

Post-mortem examination.—A large mass was found in the anterior superior and posterior mediastinum, infiltrating the parietal pericardium and the left upper portion of the parietal pleura; it was firm and homogeneous, with a glistening white cut surface. The heart was almost surrounded by the mediastinal mass, and was small, pale and flabby. Large firm discrete glands were found in the neck, axillæ, groins and mesentery; their cut surfaces were similar to that of the mediastinal mass. The left lung was collapsed; trachea and larger bronchi were congested. The liver was large (7½ lb.), pale and fatty. The spleen was much enlarged, homogeneous and greyish-red in colour. Kidneys were pale and slightly enlarged. The bone-marrow of the femur showed marked activity, the "red" marrow being much increased in amount and brownish in colour. Lacrima and salivary glands were not enlarged.

Microscopic examination.—Lymph-glands and the mediastinal mass showed lymphocytic infiltration as in lymphatic leukæmia. Some larger mononuclear cells were also present (Fig. 1). The spleen was packed with similar cells, but the Malpighian bodies could be distinguished. The liver showed lymphocytic infiltration, and also early multilobular cirrhosis with marked proliferation of the bile-ducts (Fig. 2).

It will be seen that this case resembled acute lymphatic leukæmia in many respects, with the additional feature of an apparently malignant mediastinal tumour. It differed from a lympho-sarcoma in that the spleen, marrow and distant lymph-glands were involved. It is difficult to account for the unexpected cirrhosis of the liver; this is not found in lymphatic leukæmia except in so far as atrophy of the liver-cells makes existing fibrous tissue more obvious. It could not be accounted for by any peculiarity in the boy's diet, nor by a venous congestion of four months' standing. A case of lymphatic leukæmia is reported by Mosse (2) in which fatal cirrhosis followed X-ray treatment; it was thought to be due to damage done to the liver-cells by the sudden destruction of large numbers of white blood-cells. Cirrhosis of the liver is found unexpectedly in a certain number (2–7%) of autopsies on children. It is said that toxic absorption from the alimentary canal in rickety children may cause it (3). In this case, however, there were no bony deformities to suggest rickets.

Sternberg introduced the term "leuko-sarcoma," and applied it to cases in which a leukæmic blood picture was associated with an apparently malignant tumour. He quoted six cases in which the abnormal cells found in the blood were identical in appearance with those of which the tumour was composed, both being large mononuclear cells resembling large lymphocytes or their precursors. A survey of the literature since then reveals at least 118 cases which appear to fall into this category, and in 17 of which general enlargement of the

lymphatic glands appeared before the leukæmic blood-picture developed. The large cell predominates in most cases, but in some cases small cells were found in both the tumour and the blood-picture; in several cases the blood-picture gradually altered from small cells to large. In the majority of cases the infiltrating tumour is found in the mediastinum, often in the situation of the thymus gland; other sites are the retro-peritoneal tissues, the dura mater, the breast, the pelvis and the cervix uteri.

Ninety per cent. of cases are between the ages of 8 and 30. Loss of weight, malaise, general enlargement of the lymph-glands, cough and dyspnoea are the commonest symptoms. The liver and spleen are also enlarged, and signs are found of a tumour in the mediastinum or elsewhere; the blood-picture is that of lymphatic leukæmia, usually of the large-celled type. 96% of cases follow an acute course and die within a year. X-ray treatment to the tumour-mass gives temporary relief, and may possibly prolong life for a few months. Autopsy findings are (i) general glandular enlargement with infiltration of bone-marrow and abdominal organs, as in lymphatic leukæmia; (ii) an apparently malignant tumour of the mediastinum or elsewhere (4-14).

Sternberg considers these cases to be different from leukæmias in nature, and regards the cells found in the blood as being tumour-cells, distinct from lymphocytes and their precursors, having more cytoplasm than lymphocytes and a reticulated and vacuolated nucleus. He classifies leuko-sarcoma with the chloromata, and draws the line here so far as neoplasm is concerned, regarding leukæmia as non-neoplastic. Naegeli, Turck and others regard leuko-sarcoma as a form of leukæmia, in which disease tumour-like infiltrations may occur. In the more recent literature cases are found illustrating every intervening stage between lymphatic leukæmia and lympho-sarcoma. It appears that the leukæmic blood-picture must be regarded as a variable and non-essential feature, since it may be absent in cases which are clinically and histologically leukæmia (the so-called "pseudo-leukæmia"), and may be present in cases which are clinically and histologically lympho-sarcoma. The cells in the blood in leuko-sarcoma are indistinguishable from lymphocytes and their precursors. The histology of lymphatic leukæmia, leuko-sarcoma and lympho-sarcoma is so similar that these conditions cannot be distinguished by sections alone. Moreover, these three conditions appear to be equally radio-sensitive. It is difficult to resist the idea that these three conditions are different manifestations of the same disease. It is suggested that any case of lympho-sarcoma may become generalized and develop a leukæmic blood-picture, if the patient survives long enough for the disease process

to involve the bone-marrow. Three such cases are quoted by Evans and Lecutia (7), and it is asserted that more of these cases occur nowadays than formerly, owing to the extensive use of X-rays in the treatment of lymphosarcoma.

Regarding the three conditions as variants of the same disease, we may say that in early life an acute course is usual, the disease involving the lymphatic tissues of the mediastinum, neck or intestine, and spreading locally or generally, giving rise to lympho-sarcoma or acute lymphatic leukæmia. In later life the course is slower, and the primary focus may be in any part of the lymphatic system. It is probable that the leukæmic blood-picture depends on the involvement of the marrow. Ewing, however, states that the marrow may be involved in cases of "pseudo-leukæmia," and suggest other factors, such as the integrity and patency of blood and lymph-paths (15). Most authors agree with Ewing that the widespread lesions in lymphatic leukæmia and leuko-sarcoma are embolic in origin, and not due to local hyperplasia of pre-existing lymphoid tissue.

The chief obstacle to regarding lymphatic leukæmia as a neoplasm appears to be the difficulty in accounting for acute and fulminating cases. Sternberg believed that such cases were caused by septicæmia derived from secondary infection of the mouth lesions. Streptococci of the *salivarius* type have actually been found in the heart's blood of such cases (16). The fact that the disease is invariably fatal, and the existence of atypical cases with malignant features, have been taken as indications of the neoplastic nature of the process. If we can identify lymphatic leukæmia and lympho-sarcoma as the same disease process, we have a further reason to accept the neoplastic conception. This does not exclude a complex ætiology, as Ewing points out. Young (17) produced lymphatic leukæmia in mice by injection of virus from a mouse epithelial tumour. Ellermann has produced lymphatic leukæmia in fowls by inoculating cell-free filtrate of mouse carcinoma.

The alternative is to regard lymphatic leukæmia and lymphosarcoma as metabolic disorders in which chemiotaxis is the principal factor. It is stated that the lymphoid infiltrations are similar to those found in tissue cultures under the chemiotactic influences of various substances. This explanation is vague and somewhat unconvincing.

Leuko-sarcoma can hardly be regarded as a clinical entity. No sharp lines can be drawn anywhere between lymphatic leukæmia and lympho-sarcoma. For the sake of convenience, however, there is a class of case intermediate in nature between these two conditions, and to which the term "leuko-sarcoma" may be applied.

I am indebted to Prof. Fraser for permission to publish this case.

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- W. S. BAXTER.

1st Out-patient mother, with little girl, to inquiring Chief Assistant: "Discharge from ear."

C. A. to 2nd ditto, with ditto: "What does *she* complain about?"

2nd ditto: "Discharged from Sandhurst."

C. A.: "Oh! not from ear?"

2nd ditto: "Yes, from 'ere."

SOME NOTES ON MEDICINE IN THE CLASSICAL GREEK DRAMATISTS.

THE History of what man has accomplished," says Carlyle, in a much-quoted passage, "is at bottom the History of the Great Men who worked here." Great men, however, wide as their influence may be on their contemporaries, are nevertheless the product of their own age, and as poets in general, and Greek Dramatists in particular, are no exception to this rule, their utterances may fairly be considered, within limits, to be determined in each individual case as representative of the opinions of their generation. Further, not only were the plays the product of the dramatists' individual environment and education, but they were produced for performance at public religious festivals, at which most of those which have survived met with the approval of a critical and well-educated audience of the poet's contemporaries.

With the technical side of medicine we naturally do not expect the poet or his audience to be greatly interested. To them, as laymen, the problems with which medicine deals presented themselves as part of the great problem of suffering, in which the bodily discomfort experienced by a sick man is regarded as of the same nature as the mental distress due, for instance, to the loss of friends or fortune. That medicine deals with states of the body due to the working of forces which we now call natural causes is a truth which was but slowly grasped in Greece, even as the modern world is but slowly coming firstly to recognize it, and then to act on it by giving preventive medicine in all its branches the scope which it deserves. In a primitive society all misfortunes, whether physical or otherwise, tend to be ascribed to interference by the gods in human affairs, owing generally to some infraction of the divine law; and thus the treatment of disease comes within the province of the priest, since he alone is supposed to know what offence has been committed, and by what rites, magical or otherwise, pardon may be secured and the sufferer restored to health. Gradually the priesthood gains by observation and experience a knowledge of disease which is handed on and increased from generation to generation, and thus forms the basis of clinical medicine. Thus we have the original association of medicine, magic and religion, of which Rivers has said that "each connotes a larger group of social processes by means of which mankind has come to regulate his behaviour towards the world around him, until amongst ourselves those three groups are more or less sharply defined." Although such an association

originally existed in Greece, and the process of separation took centuries, it would naturally be a gross travesty of the truth to represent the educated Athenian of the fifth century B.C. as a believer in the crude ideas which Rivers found amongst the Melanesians, or in those which existed in Greece in previous ages. In medicine, as in other branches of knowledge, the Greeks made their characteristic contribution to human progress by the application of the clear light of reason, so that in the age of the great Greek dramatists—the age of the greatest achievements of Greek genius—we find Hippocrates at work on the evolution of a system of medicine, based on observation and logical deductions therefrom which is still the foundation of modern practice.

That such a change should be wrought and leave no trace of its having taken place is not to be expected; nor should we look in vain for such traces—often very interesting relics—in so conservative a production as the essentially religious dramas of Æschylus and Sophocles. In the opening scenes of the *Œdipus "Tyrannus,"* for instance, Sophocles shows the elders of Thebes assembled to find means of staying the plague by which the city is being devastated, and to hear the report of Creon, who has been sent to Delphi to consult the Pythian oracle of Apollo, the God of Healing. The answer returned by the oracle was that they should "drive out from the land the defiling thing"—in this case *Œdipus* himself, whose killing, in self-defence, of a man who afterwards proved to be his own father, was regarded by the oracle as the cause of the plague. In this case we have authentic evidence as to the similarity between the traditional view of causation and the popular beliefs of the time; for when the plague broke out in Athens in 430 B.C. men's minds also turned to oracles. As the plague occurred at the beginning of the Peloponnesian War, they bethought themselves of an oracle which said, "A Dorian war shall come, and with it death." There was, however, a dispute as to whether the last word of the oracle was correctly reported, or whether it should be a similar one—like our own word "dearth," which meant "famine." Owing to this ambiguity, we have the chance of seeing what an educated Athenian, such as Thucydides, thought of such matters, for he says, "I fancy, however, that if another Dorian war should ever occur, and a dearth should happen to accompany it, the verse will probably be read accordingly."

Similar examples of the belief that disease is due to direct intervention of supernatural powers in human affairs are, of course, numerous. The madness of Ajax was attributed to the goddess Athena, and that of Hercules to Hera. In fact, madness was regarded as a particular infliction from the gods, as evidenced by

the fatalistic and malignant cynicism of the much-quoted saying that "Those whom the gods wish to destroy they first drive mad." Of this view of the causation of disease Hippocrates speaks in his treatise, *On the Sacred Disease*, i.e. epilepsy, in which he says "It does not appear to me to be of more sacred origin than other diseases. Men, however, have, on account of their inexperience and superstition, believed that there is something divine in its nature, as in its cause, because it does not in any way resemble other diseases. If they consider it to be divine because it is wonderful, then there will be many divine ailments and not one. Further, it is an insult to the gods, because if the body were possessed by a god it should be pure." Incidentally, it is to be noted that ideas as to extraordinary and supernatural causation of disease have by no means disappeared at the present day and in our own country—as witness the belief that the misfortunes which befell those who re-open the tombs of the ancient Pharaohs were due to the disturbance of vindictive "elementals."

With the recognition of the fact that disease has a cause—whether supernatural or otherwise—a definite start has been made in the study of medicine. In due time ætiology will be supplemented by diagnosis directed to the discovery of the cause; by prognosis, to determine how long the cause and its effects are likely to act; by study of treatment, to remove or nullify the cause; and by prophylaxis, to avoid giving the cause a chance to act. So long as the supernatural origin of disease is maintained, the essentials of prognosis and treatment are determined solely by due placation of the wronged deity, and prophylaxis consists in the avoidance of impious conduct. Diagnosis, however, in the case of the polytheistic mythology of the Greeks, involved more complicated measures to determine which deity was at work. Hence the need for augurs and seers, of whom Teiresias, in the *Œdipus* trilogy, is an example. The augur, who did not confine himself entirely to medical work, but also advised as to the best time for transacting state business and similar matters, drew his deductions from the movements of sacred animals and from the appearance of sacrifices. There is little doubt that such knowledge as the Greeks possessed of anatomy owed much to the inspection of the organs of sacrificial animals, while we know that the Pythagoreans studied animal anatomy, even as, at a later date, Galen made most of his anatomical studies on animals. It may be also that the humoral pathology of Hippocrates, which regarded life as being intimately bound up with the interaction of the four primary fluids (blood, yellow bile from the liver, black bile from the spleen, and phlegm), owed its origin to

augury, since the seers attached much importance to the state of the blood and colour of the bile found in the sacrifices; and to "the favourable appearance of streaks in the gall-bladder and liver" (*Æsch., Prom. Vinc.*, 503). That this view of pathology was widely accepted and appeared plausible in the eyes of the people we know from many references to it in lay literature—among the dramatists chiefly in Aristophanes, who frequently mentions the "melancholic" temperament due to an excess of black bile. These ideas seem strange to us, but it must be remembered that when the knowledge of anatomy and physiology—not to mention the other sciences which are ancillary to medicine—is in a rudimentary state and contains many errors, precise views as to ætiology, diagnosis and pathology are impossible; and medicine, ill-informed as it must be in the absence of these essential elements, has perforce to devote itself chiefly to prognosis and treatment, as being the subjects with which most progress can be made when reliance has to be placed almost entirely on observation and experience.

Prognosis, to which Hippocrates devotes a whole treatise, and also treatment, bulk very largely in the *Corpus Hippocraticum*, and, since treatment is the part which, more than any other, interests laymen, we might expect to find, and in fact we do find, that the dramatists are also greatly interested in it. In fact the two passages which treat of medical matters in greatest detail are concerned with treatment. The first of these is where Prometheus describes his gift of the healing art to man (*Æsch., Pr. Vinc.*, 487 *et seq.*); the second is the burlesque by Aristophanes in the "Plutus" of the curative procedures of Temple medicine. Prometheus makes reference to the various methods known to the Greeks of administering drugs. These were as draughts, in solid form, as plasters or poultices (mentioned also in the *Acharnæ* of Aristophanes), and as scents or inhalations. Many of the devices of modern dispensing were, of course, unknown. Hippocrates himself, however, does not seem to have been a great believer in drugs; and for most of the three hundred constituents of the so-called Hippocratic Pharmacopœia we are dependent on references in a treatise on gynecology which was probably the product of the school at Cnidus, many of whose doctrines were at variance with the Hippocratic teaching of the Coan school. Hippocrates taught that chief reliance should be placed on the healing power of Nature, without which drugs are of no avail, and that all measures should be taken to help Nature to combat the disease. In one much-quoted phrase he speaks of the physician as being the "servant of Nature"—a rôle which, even to-day, we might with advantage strive to fill better

than we do. Fortunately pathology is now coming to the aid of common sense and, reinforced by experience of the futility of many pharmacological and surgical procedures, is helping to lend force to the opinions enunciated so long ago.

Besides drugs, the knife and cautery were also recognized methods of treatment, as might be expected in a country like Greece, where the frequent campaigns of the various city states made war wounds so common. There are various references to surgery in the *Iliad*; and although in Homeric times it was apparently thought that hæmorrhage could on occasions be stopped by incantation, Sophocles supports the surgeon as against the magician when he says, "'Tis not for a skilful leech to whine charms and incantations over a sore that craves the knife" (*Ajax*, 581). In this connection it is interesting to note that although Homer speaks of Machaon as taking more interest in surgery, while Podaleirius is more concerned with Medicine, the two branches of the profession were not so sharply divided as they are to-day. We know, however, from the Hippocratic oath that certain operations, such as cutting for stone, were regarded as in the province of the specialist.

The ceremony of "Incubation" or temple-sleep, to which Aristophanes makes a long reference (*Plutus*, 405-6 and 653 *et seq.*), was a well-recognized part of the cult of the demigod *Æsculapius*, the patron of all healing arts, as practised in his shrines at Epidaurus, Cnidus, Cos and other places. These shrines were famous throughout the Greek world, and attracted sufferers from all parts. In addition to being places of worship, they corresponded in many ways to the spas of modern times in that they were on sites specially selected as healthy, and usually near medicinal springs where, in healthy surroundings, patients could undergo courses of exercise and dietetic, hydropathic or other forms of treatment. After suitable preparation by baths, fasting and similar measures the patients were allowed into the temple, where, after a further ritual of inunction and cleansing, they spent one or more nights at the foot of the great statue of *Æsculapius* awaiting a divinely-inspired dream which should show the cure for their sickness. From the references in Aristophanes and elsewhere it seems probable that the priests—one of them in the earliest times being dressed to represent *Æsculapius* himself—suggested various curative measures to the patient, or in some cases even performed manipulations on him, while he was in the somnolent condition induced by his previous exertion, and that these suggestions were afterwards attributed to divine revelation. The measures advised were usually of a rational and commonsense nature, such as exercise by riding or

hunting, a course of dietary, purgation, bleeding or similar procedures.

The cult of Æsculapius is of great importance in the history of Greek medicine, as forming part of the evolutionary progress which started in early times with a religious and priestly régime, and reached its highest development in the work of Hippocrates. It was inevitable that the priests should come to have great experience of disease and its treatment, especially as votive tablets were placed in the temple by the grateful sufferers giving details of their diseases and of the measures which gave them relief. Whether or not, as some hold, this "recording of cases" formed the basis of the *Corpus Hippocraticum* is much disputed, but it certainly provided a large body of records on which treatment of a more and more effective, if still empirical, nature could be founded. As time went on there came into existence a class of non-priestly temple-physicians who devoted themselves to the medical rather than to the religious side of the cult, and spent their time in the study of such subjects as gymnastics, balneology and climatology (*cf.* Hippocratic treatise *On Air, Waters and Places*). It was to this class of physician that Hippocrates belonged, and from this basis that he worked out his system of medicine. As Garrison says, "Hippocrates dissociated medicine from theurgy and philosophy; crystallised the loose knowledge of the Coan and Chidian (temple) schools into systematised science, and gave physicians the highest moral inspiration they have."

... Before the age of Pericles the Greek physician was either an associate of priests in time of peace or a surgeon in time of war. To Hippocrates, Medicine owes the art of clinical inspection and observation, and he is above all the exemplar of that flexible, critical, well-balanced mind, always on the look-out for sources of error, which is the very essence of the scientific spirit. Hippocrates virtually founded the bedside method."

As might be expected, the high professional and ethical standards of the Hippocratic tradition were not always maintained, and thus there was material for the satire of Aristophanes and others, no less than at a later date for that of Molière and Bernard Shaw. It is to be remembered, however, that there was no particular standard of knowledge required for practice. Anyone could set up as a doctor and thus bring medicine into such discredit that Aristophanes could, with some justice, class doctors with "quacks, bards bombastic, star-interpreters and wonder-working cheats." (*Nubes*, 332). That the Hippocratic advice as to suavity of manner and elegance of dress was also liable to perversion is suggested by Aristophanes' reference to physicians as "lazy, long-haired, foppish individuals

with rings and carefully polished nails." Further light on this subject would no doubt have been furnished by the various plays—of which there were at least four—called "The Doctor," which have unfortunately been lost. References in the surviving fragments of Menander, whose "Comedy of Manners" might be expected to help, are few in number. In one such reference he speaks of "Physicians, who by way of building a towering reputation are wont to diagnose insignificant troubles as great ones and to exaggerate real danger" (*Men. Frag.*, 497 K.).

Such are some of the references, serious and otherwise, which the Greek dramatists make to medicine. As might have been expected, these references are usually of a general nature, and more concerned with principles than with details of practice. Even when a wound and its effects and an attempt to secure its healing form the main theme of a play, as in *Philoctetes*, there is no particularization. It would be a breach of the canons of art if there were. Like the beauty of Helen of Troy, which is the mainspring of action in the *Iliad*, the wound is nowhere described.

J. A. STRUTHERS.

SOME BART'S ORATORS.

1. SIR JAMES PAGET.

The silver voice that witch'd the sense,
Or thrilled with noble eloquence,
Has passed into the void immense
Where stillness reigns.*



ON February 13th, 1877, in the theatre of the Royal College of Surgeons, a distinguished audience had assembled, which included the Prince of Wales, the Duke of York, Gladstone, and Huxley. A gradually deepening fog had crept in from the street and was saturating the atmosphere. While it rendered the outline of the various figures hazy and insecure, it emphasized the keenness of the faces and the scarlet of the gowns. Under Reynolds's portrait of John Hunter stood the fine, tall figure of one of the greatest orators of his profession and indeed of his generation. His voice was arrestingly soft, suave, and measured, with a beautiful cadence in the sentences which lingered in the memory like the music of Mozart. Slowly he spoke and fluently for the full hour without once hesitating or for a moment forfeiting the charm of his voice on which a

* G. C. Garratt, "In Memoriam Sir James Paget."

distinct Norfolk accent bestowed added attraction. By slight and appropriate pauses which as it were naturally interrupted his exquisite flow of words, Paget introduced an air of perfect spontaneity into an oration which had in reality—indeed like every one of his public speeches—been prepared most carefully: scribbled in his carriage on torn pieces of paper, written out word for word as it was in the end to be delivered, learnt by heart, and rehearsed for the last three weeks to his wife. When he came to deliver the oration, Paget had his notes in his pocket but he had no occasion to consult them. While no gesture of any sort spoilt the quiet dignity of his delivery, he had permitted himself one little "stage-trick," at once dramatic and effective: when making use of a short quotation, instead of repeating it, he read it from half a sheet of paper which he drew out of his breast pocket.

"When time and the favour of my colleagues in the Council brought to me the occasion of delivering the Hunterian oration, I thought it right to study afresh the character of John Hunter. And now I beg your leave to tell some of the facts and thoughts to which, in my study, I have been led—chiefly to tell, if I can, what were the motives of John Hunter in his scientific life; what were the chief characters and what the method of his work; to tell, also, some of his achievements, and of the lessons that may be read in the story of his life."

The following quotations are selected out of their context, as being most representative of Paget's style:

"In mere idleness or necessity, with no other reason than that there seemed nothing else to be done, John Hunter drifted into the opportunity of scientific study—drifted into the career in which he was to become great among the greatest men of science, and among all surgeons of all times the most renowned."

"I cannot doubt that in the contemplation of the order and mutual fitness in a great field of scientific truth there may be, to some high intellects, a source of pure delight such as are the sensuous beauties of nature to the cultivated artist-mind, or virtue to the enlightened conscience. I believe that in contemplation such as this Hunter enjoyed a calm, pure happiness. So Reynolds, his friend, seems to tell of him. In that masterpiece of portraiture, which teaches like a chapter of biography, Hunter is not shown as the busy anatomist or experimenter pursuing objective facts; the chief records of his works are in the background; he is at rest and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law which can be only intellectually discerned. The clear vision of that world was his reward."

"He was growing old; he had lately been very ill,

and he knew that he was in instant peril of that sudden death in which, at last, he fell; he was poor, for all that he could earn, and more, he needed for his collection; and he was overworked in practice and in the duties of Surgeon-General to the Army. Yet 'he would stand for hours, motionless as a statue'; patient and watchful as a prophet, as if he were sure that the truth would come, whether in the gradual unveiling of new forms, or in the clearing of some mental cloud, or as in a sudden flash, with which, as in an inspiration, the intellectual darkness becomes light."

Speaking of the death of Sir William Fergusson:

"Fergusson is gone: the greatest master of the art, the greatest practical surgeon of our times; and men can no longer watch the eyes that were so keen, or try to imitate the hands that were so strong and yet so sensitive and swift and light; or wonder at the ready and clear knowledge, the prompt invention, the perfect calmness in the midst of danger. These all are gone, and with them all that multiplied tenfold their charm—the warm heart, the friendliness, the generous rivalry, the social grace. These, too, are gone; but the memory of his lessons will remain with us. . . ."

If these sentences are read aloud, they reproduce the actual cadences of Paget's speech; though only those who knew him can recall his pleasant voice.

The moving beauty of Paget's lofty thoughts and the simple grandeur of his philosophical sentences so stirred Gladstone that he divided mankind into two sets—the happy minority who had heard the oration, and the majority who had not had the good fortune. At the Hunterian dinner in reply to Gladstone who had proposed his health, Paget said: "There is only one way in which it may be possible to surpass Mr. Gladstone as an orator, and that way I will proceed to put in practice. You all know that, although speech may be silver, silence is golden. You shall have the gold."

On August 3rd, 1881, Sir James Paget gave the Inaugural Address at the International Medical Congress in London before an audience the like of which had never before been seen. Over 3,000 medical men were assembled, and there were present the Prince of Wales, the Crown Prince of Germany, Pasteur, Koch, Virchow, Volkmann and Charcot. Paget had spent a morning alone in Richmond Park rehearsing the address, which, when delivered, was a lay-sermon of harmonious phrases and uplifting thoughts.

"We may read the history of the progress of truth in science as a palæontology. Many things which, as we look far back, appear like errors, monstrous and uncouth creatures, were, in their time, good and useful, as good as possible. They were the lower and less perfect forms of truth which, amid the floods and stifling

atmospheres of error, still survived; and just as each successive condition of the organic world was necessary to the evolution of the next following higher state, so from these were slowly evolved the better forms of truth which we now hold. This thought of the likeness between the progress of scientific truth and the history of organic life may give us all the better courage in a work which we cannot hope to complete, and in which we see continual and sometimes disheartening change."

Though usually his public utterances were studiously rehearsed, when he had to speak extemporaneously, Paget was famed for his easy flow of thought and his happy choice of expression, seen to best advantage in his after-dinner speeches. "I always had the power of what is called 'extempore' speaking: I do not remember to have ever been without it."* Though in their finish and exquisite command of language his speeches never failed to be impressive, perhaps at times they may have been just a little too austere. Paget seldom tried to be witty, and there were no stories to relieve the seriousness of his thoughts. In his younger days he had been subject to frequent and severe attacks of pneumonia, and the acute and sympathetic ear could sometimes detect a slight catch in his breath. With people who spoke in broken sentences he often showed signs of irritation, and in public speaking he exacted from others the same standard of perfection as from himself. "A pretty good speech," he would say, "what would you say if you were offered a pretty good egg?"

In retrospect it would appear that his genius for speaking and lecturing was one of the most powerful influences which determined Paget's career, and which has made him a living force even to a generation that never knew him. The music of his words which are the guardians of his immortality can never die; mute but quickening his thoughts endure and bear his spirit through the ages. W. R. BETT.

But for the kindly help of the late Stephen Paget and Alban Doran, of the Bishop of Chester, Sir John Bland-Sutton, Sir George Makins, and Sir D'Arcy Power, this sketch would never have seen the light.

* *Memoirs and Letters*, 1901, p. 131.

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THE ANCESTRY OF KAI LUNG.

(With apologies to Mr. Ernest Bramah.)

THE physician Tao Ho was noted throughout several provinces for the subtle comprehensiveness of his aphorisms, and the searching replies with which he illuminated the immature deductions of those—and they were many—possessed of larger heads and smaller powers of sustained logic than himself.

A respectful silence, therefore, fell upon the Hall of the Conferring Mandarins as Tao Ho rose from his seat to describe the curious personal history of Kai Lung, the skilled story-teller, who even now lay before him, meditating upon the misguided but praiseworthy persistence of the lower forms of life. For this pursuit he was very favourably placed, as he lay supine on a wheeled litter, his head immediately below an exceptionally agile but somewhat retrograde spider pendent from the ceiling. He was thus but dimly aware of the awe-instilling semicircle of mandarins ranged on seats behind his head, and the mob of comparatively negligible onlookers before his upturned feet. The stream of ill-bred curiosity emanating from the latter in no way diverted him from his fixed scrutiny, for he was not only contemplative by nature, but felt also some personal anxiety as to the probable movements of the insect above him.

"The fortunate person," began Tao Ho, addressing his peers, "who now basks in your enlightened consideration is one of studious and inoffensive habits, who has observed diligently all the prescribed Rites and Ceremonies, and placed himself beyond reasonable reproach in his solicitude for the comfort and respectable status of his ancestors in the Upper Air. He appears, however, to have been less painstaking in his propitiation of the lower Beings, for one of undoubted malevolence has taken up its position in the unworthy stomach of Kai Lung, giving rise there not only to a swelling palpable by the skilled hand, but also to sensations of a peculiarly revolting intensity. These, which cause him at frequent intervals to writhe incapably upon the ground, he describes as 'a gnawing, burning pain, like a ball of fire.'

"I sometimes say that the descriptive gifts of such a one as the professionally eloquent person before us lie rather in his admitted mastery of the classical analogies than in the accuracy of his subjective observations. The earth-demon in question—for so it seems to my opaque understanding—has taken the form of a solid, spherical, entirely non-luminous mass: this, when

struck with a perceptive finger, does not emit the gong-like tones produced by the air-demons which commonly infest this organ, nor the vapours which a thoughtful inquirer might reasonably expect from an undisputed fire-demon.

"It has of late occurred to the elegantly-disciplined mind of Kai Lung that the increase in the uningratiating activities of this Being has been associated with a corresponding diminution in the length of his own pig-tail—a change which he had previously attributed to his habit of masticating the end of this highly ornamental appendage during long hours devoted to the study of antique legends. Fearing lest the sight of this abbreviated pig-tail, like that of a too-often-pruned pear tree, might have caused unwitting offence to some truculently disposed earth-demon, he has recently refrained from the habit by a creditable effort of will, but the demon has greeted this gesture with an attitude of stubborn no-appreciation. It has remained equally indifferent to the usual dispersing charms administered by this dimly seeing one, who now gropes for light from the effulgent constellation of your counsels."

When Tao Ho had finished speaking, the other mandarins rose in the order laid down in the Tables of Ceremonies and uttered their spoken opinion. The first was one Fu Chan, a physician of almost limitless experience: "It has been the trivial task of this person," he said, "to collect and enumerate fifty-seven dissimilar variations of demoniac possession of the stomach. Since, however, the uniquely afflicted Lung has shown this list to be discouragingly inadequate, it seems (to one wholly devoted to the Higher Truth) an obvious duty to invite an expert Investigator with the Knife to probe the question more directly. By this means the least that may be achieved is that the unexpected entry of bright daylight into the stomach of Kai Lung may persuade the earth-demon to quit it permanently. Moreover, if the enthusiastic researches of the expert are rewarded with an even more far-reaching sequel, we shall be enabled thus to examine and discuss in more refined leisure not only the distinguished stomach of Kai Lung, but any other vital part which may throw light on the malign influences at present at work within him."

At this point the reposeful atmosphere of the conference was seriously impaired by a breach of the Rites and Ceremonies for which those compiling the Tables had failed signally to provide. An elderly person, showing definite signs of uncultured but powerful emotion, rose suddenly from his seat among the inferior ones and cried aloud, "Erudite but irresponsible Fu Chan! If the rapidly vibrating teeth of Kai Lung allowed him to express himself in articulate phrases,

you would perceive that he shows no marked inclination to pursue the Higher Truth in the remote future while separated from his companionable stomach."

Apart from the admitted squalor of the sentiments expressed, the intrusion of so degraded a person upon the inspired council of the mandarins resembled, in its effect upon the minds of those present, the unlooked-for appearance of a sharp boulder through the bottom of a stately and well-laden junk. Hong Sen Hien, a mandarin renowned for his unsurpassed intimacy with the classics, assumed the æsthetically alluring hue of a well-sunned peach, and was thrown into violent tremors by the intensity of his feelings. Even the serene Tao Ho permitted both his eyebrows to rise a perceptible distance.

There was one, however, whose extraordinary powers of lucid enunciation had never yet been impaired, nor his facial expression deranged, by any unpremeditated emotion. This one now took up the golden thread of speech as though it had not been cut: "Incomparable Tao Ho, it has been said, 'A sword drawn against an under-estimated foe proves often two-edged.' To avoid such a complication may it not be wiser to render this somewhat problematic demon dissatisfied with his present lodging? With this end in view, and to propitiate the more favourably disposed of the Dwellers Above, this person would counsel not only Kai Lung, but his whole family also, to *avoid* green tea, sweetmeats, shark's fins, birds'-nest soup, serpents preserved in oil, peaches, walnuts, fruits stewed in fat, and all exhilarating delicacies, and to *take*—only—rice."

The previous degraded interrupter was heard to inspire deeply, but was instantly suppressed by several brisk blows from the well-directed chairs of those who sat near him. The august mandarin Ah Ging then spoke, as his custom was, with lips not visibly separated: "Shortly after this person had been initiated into the mysteries of the Physicians, a case exactly resembling the one in question made an indelible mark upon his inept but retentive mind. Unfortunately the individual involved still awaits the call to a vacant couch on which his disorder may be suitably investigated."

The mandarin Hong Sen Hien, once more master of his limbs, now professed harmonious agreement with all the previous speakers, and suggested that a powerful charm, consisting of three gadflies and a vampire bat, should be applied to the seat of Kai Lung's dolour. This proposal, however, was couched in the dialect of so remote a dynasty as to be unintelligible to the assembled mandarins. In any case their attention was for the moment diverted by the entry of the Supervisor of Morbid Processes, a high official whose important duties seldom permitted him to attend the ordinary conferences

of the mandarins. Even now he was moving swiftly on some benevolent errand, followed by four white-robed disciples, whose rapid breathing indicated either that they had been attempting to accompany their eminent master for some distance, or that the breath had been driven suddenly from their unprepared breasts by one of the startling conceptions which ever and anon emerged like many-coloured rockets from his inspired lips. Glancing rapidly at the recumbent body of Kai Lung, he inquired with admirable economy of syllables whether that person's condition were not due in part at least to poor stock, and passed on, not tarrying for a reply.

The power of speech had by now been restored to Kai Lung, who said diffidently, "If the ever-to-be-respected physician who has just left us was condescending to refer to an indiscriminate selection of soup, it has never been this person's —"

"No," replied Tao Ho, "No. Oh no. Prolonged acquaintance with the honourable Supervisor's verbal habits leads one to suppose that his inquiry was directed towards the possibly leprous and contaminated condition of your immediate ancestors."

For the next few moments the Hall of Conference divested itself almost completely of its traditional atmosphere of dignified contemplation. The elderly person previously referred to, who, it was now noticed by some, bore a striking facial resemblance to Kai Lung himself, suddenly exhibited an agility quite inconsistent with the venerable length of his moustaches. Treading heavily over the heads and shoulders of the intervening onlookers, he projected himself with a loud cry into the space set apart for the mandarins. Here he seized the wheeled litter on which Kai Lung still lay, and propelled it violently from the Hall. During this process the swiftly-moving litter came into sudden and unrestrained contact with three more of the white-robed ones, who, less active than their fellow-disciples, were still striving to overtake the Supervisor of Processes. All three were overturned and passed into the Upper Air without further opportunity for discussion.

"I have been credited," observed Tao Ho, "with the saying that, in the matter of prudent discrimination, a disgruntled man is in no way superior to an unruffled goldfish."

W.

ABERNETHIAN SOCIETY.

At the Annual General Meeting of the Abernethian Society, held on April 30th, 1931, the following officers were elected:

Presidents: R. G. M. Fawcett, L. P. Jameson-Evans.

Vice-Presidents: W. D. Coltart, H. W. Rodgers.

Secretaries: G. D. Kersley, J. M. Jackson.

Extra Committee-men: W. Leishman, A. J. Owston.

STUDENTS' UNION.

CRICKET CLUB.

The 1st XI have played only two matches this season. The games against the Wanderers and Winchmore Hill were both scratched on account of the weather. The game against Southgate was won by 5 runs, and that against Hampstead drawn. R. M. Kirkwood played a good innings against Hampstead, scoring 56 not out; Wedd got 5 wickets for 37. Against Southgate J. A. Nunn got 30, Hay-Shunker 4 wickets for 25, and W. H. Gabb 5 wickets for 31.

The "Past v. Present" match is being played on Saturday, June 13th, at 11.30. It is hoped that as many past and present members as possible will come up to the ground and bring their friends.

W. H. GABB,
Hon. Sec.

TENNIS CLUB.

Both sixes are so far unbeaten, though unfortunately three matches have already been scratched. The 1st VI beat St. Thomas's Hospital by 6 matches to 3, and King's College Hospital more easily by 8 matches to 1. Though neither were cup-ties, the results augur well for our chances in the cup matches later.

It was very disappointing that our match with Balliol had to be abandoned owing to rain, as it was our first fixture with them, and a lead of 3 matches to none promised a good chance of winning.

The 2nd VI have so far played only one match, being deprived by rain of two others. Against R.M.A. (Woolwich) they won by 6 matches to 3, each pair losing one match. The first round of the Singles Tournament was concluded on May 10th, with very few scratched matches. The next few rounds will have to be played off quickly, as even with an entry of 106 the tournament must be concluded by early in July.

THE BOAT CLUB.

The United Hospitals Regatta was held at Putney on the afternoon of Wednesday, May 13th. This year only Guy's, St. Thomas's and Bart's entered for the eights, and it was decided to row the race from Hammersmith to Putney instead of in the reverse direction, as previously done, as the former provided a better finishing straight.

The Bart's VIII had been training on the tideway for the previous two and a half months, and had had the advantage of the excellent coaching of R. Close-Brooks, of London R.C. With the whole of last year's crew still available, and with the advent of several "May colours" from Cambridge, the selection of a crew had proved some difficulty, and it was only with reluctance that two of last year's crew were dropped and the final order adopted.

We had the fortune to draw the Surrey station, which gave us the inside position on the Harrod's corner as well as the best of the tide. After a minute's rather scrappy rowing, we found ourselves with a length's lead over the other two crews, who were about level, and so, coming into a head wind and rough water, we settled down to a long, steady stroke, which had the immediate effect of still further improving our position. Knox (cox), seeing the water was very rough on the Middlesex shore, kept well to the Surrey side near the mile-post. At the Fulham football ground we had more than 2 lengths' lead, and this we maintained to the finish without undue effort.

In the race for light fours over 1 mile we again had the advantage of the draw for stations, obtaining the middle berth. Thomas's started at the faster stroke and obtained three-quarters of a length lead in the first ten strokes; Guy's started poorly, and were not subsequently concerned in the race. Thomas's then steered towards the Surrey shore, forcing us out of our course, for which they were warned by the umpire. At Beverley Brook the Bart's IV "gave her ten," and were able to reduce slightly the lead of the Thomas's crew, but they again increased their advantage and won by 1 length, Guy's being many lengths behind.

Crews:

VIII: Bow, F. Radcliffe; 2, W. T. C. Berry; 3, J. Wilson; 4, G. Wynne-Thomas; 5, W. Wilson; 6, R. H. H. Williams; 7, R. G. Orr; stroke, O. S. Tubbs; cox, R. Knox.

IV: Bow, F. Radcliffe (steers); 2, R. H. H. Williams; 3, W. Wilson; stroke, O. S. Tubbs.

TIMES FOR ATTENDANCES IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.
Medical Out-Patients	Dr. G. Graham at 9 a.m.	Prof. Fraser and Dr. Hilton at 9 a.m.	Dr. Geoffrey Evans at 9 a.m.	Dr. F. G. Chandler at 9 a.m.	Prof. Fraser and Dr. Carmichael at 9 a.m.	Dr. G. Bourne at 9 a.m.
Surgical Out-Patients	Mr. Paterson Ross at 9 a.m.	Mr. R. M. Vick at 9 a.m.	Mr. J. B. Hume at 9 a.m.	Prof. Gask at 9 a.m.	Mr. J. E. H. Roberts at 9 a.m.	Mr. Keynes at 9 a.m.
Diseases of Women	Dr. Shaw at 9 a.m.	—	Dr. Donaldson at 1.30 p.m.	—	—	Dr. Shaw at 9 a.m.
Ante-Natal Clinic	—	—	—	Dr. Donaldson at 12.15 p.m.	—	—
Orthopædic Department	Mr. S. L. Higgs at 1 p.m.	—	—	Mr. R. C. Elmslie at 1 p.m.	—	—
Throat and Nose Department	Mr. Bedford Russell at 1 p.m.	Mr. F. C. W. Capps at 9 a.m.	—	Mr. Bedford Russell at 9 a.m.	Mr. F. C. W. Capps at 1 p.m.	—
Aural Department	Mr. S. R. Scott at 1 p.m.	Mr. T. H. Just at 9 a.m.	—	Mr. S. R. Scott at 9 a.m.	Mr. T. H. Just at 1 p.m.	—
Ophthalmic Department	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—	Mr. Rupert Scott at 1 p.m.	Mr. Foster Moore at 1 p.m.	—
Skin Department .	—	Dr. Roxburgh at 9 a.m.	Dr. Roxburgh at 9 a.m.	—	Dr. Roxburgh at 9 a.m.	—
Psychological Department	—	—	—	—	Dr. Porter Phillips at 1.30 p.m.	—
*Electrical Department	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—	Dr. Cumberbatch. Males at 1 p.m.	Dr. Cumberbatch. Females at 1 p.m.	—
*X-Ray Depart- ment	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m. and 1.30 p.m.	9.30 a.m.
*Exercises and Mas- sage Department	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. to 1 p.m.	9 a.m. and 1.30 p.m.	9 a.m. and 1.30 p.m.	9 a.m. to 1 p.m.
Diseases of Children	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.	Dr. Harris at 9 a.m.
Dental Depart- ment	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.	Mr. Fairbank at 9 a.m.	Mr. Coleman at 9 a.m.	Mr. Hankey at 9 a.m.
Tuberculosis Dispensary	—	12.30 p.m.	† 5 to 7 p.m.	—	11.30 a.m. New cases only, 2 to 3 p.m.	—
Venereal Depart- ment	Men, 5 to 7 p.m.	Women and children, 4 to 6 p.m.	—	Men, 12 to 2 p.m.	Women and chil- dren, 12 to 2 p.m.	—
Plastic Surgery .	Sir Harold Gillies at 2 p.m.	—	—	—	—	—

* Patients are not seen in these Departments unless recommended by the Medical Staff.

† These hours are intended for patients who cannot attend at mid-day.

May, 1931.

CORRESPONDENCE.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—Although almost certain to be accused of pedantry, may I crave the hospitality of your columns in order to protest against the indiscriminate and incorrect use of the Dead Languages by the makers of proprietary preparations when christening their nostrums? The commonest form of this vice is the hybrid word that can claim descent from neither Latin nor Greek, but a bit from both, such as phanodorm, cholubrin, lactogen, and cacophonous nightmares, such as rectopaniline. Surely some sort of a tribunal could be appointed who could reject such words before they become part and parcel of our medical vocabulary?

Indeed, we ourselves are far from blameless in this respect; to quote only a few examples—acidophilus, rectoceles, intratracheal, intradermal, and ovariectomy. "Subphrenic" is a hideous word; either "hypophrenic" or "subdiaphragmatic" is preferable. "Laparotomy" is a misnomer, and should be confined to an incision in the flank; and yet the purist who would dare to write "exploratory celiotomy" on his operation list would certainly be laughed at.

In the matter of pronunciation, too, we are often at fault. "Abdomen" and "mesocolon" are frequently mispronounced; and it is the usual thing for "hæmosiderin" to sound as though it had something to do with a well-known beverage manufactured from apples.

I am, etc.,

A. BARNSELY.

Ellesmere,
Shropshire;
May 17th, 1931.

THE RUGBY CUP.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—The victory of Bart.'s team this year (1931) in the final Inter-Hospital Rugby Football contest reminds me that I had the good fortune to captain the Bart.'s Rugby team which secured the trophy in 1881, which, if my arithmetic does not fail me, is just half a century ago. This discovery came upon me somewhat as a shock: I had not realized that the match was played so long ago. Doubtless to Bart.'s men of to-day 1981 seems a long way ahead, but I can assure them that when that year arrives, 1931 will not seem to belong to a dim and distant past.

Present Bart.'s men may like to know something of the 1881 winning team. C. O. B. Harding and Arthur Roberts (staunch friends who have only recently died) were two of the best men—Harding a sterling full back, Arthur Roberts one of the best "quarter backs" in England. Howe, a Cambridge man, who early succumbed to tuberculosis, was a remarkably clever dribbler. Jack Jessop, a physical specimen of manhood (he might have sat for Pheidias), was a forward worthy to play for England; he fell fighting as a combatant officer (colonel) in the Great War.

Our team won, I think I may say, deservedly and without difficulty, but not without taking great pains to prepare ourselves. The aims we set before us were:

(1) To keep thoroughly fit, so that there might be no stragglers on the field (such as one may sometimes see even in good matches).

(2) To play a quick, loose game—stone-wall scrimmages were barred. It was just at that time that Blackheath started the loose game, and its advantages were quite obvious to me.

(3) To practise dribbling. It is of great value in the Rugby game to be a skilful dribbler, such as Howe was, and we used to practise this art in Charterhouse Square near by.

(4) To practise passing and drop-kicking.

(5) To avoid cocksureness, and strive to leave as wide a margin of superiority (or shall I say safety) as possible.

These were some of our aims. In order to achieve success in team games it is necessary to formulate a definite plan of action and to get members of the team to adhere to it. As little as possible must be left to chance.

After the match Mr. Willett, Surgeon to the Hospital, congratulated us in a neat speech and drank our health out of the Cup, which is now, I take it, resting in the College Library.

May I offer my hearty congratulations and good wishes to Captain Taylor and his men.

Yours sincerely,

HARRY CAMPBELL.

REVIEWS.

CLINICAL EXAMINATION AND SURGICAL DIAGNOSIS. By FELIX LEJARS. Translated by HELEN C. SCOTT. (London: Jonathan Cape, 1931.) Pp. 854. Illustrated. Price 50s. net.

We welcome this book, the second by Prof. Lejars to be translated into English, for his book on Urgent Surgery, the English version of which appeared some years ago, has come to be valued by many. This book on Surgical Diagnosis is written, not in the formal style of many such books, but from knowledge based on vast clinical experience. The subject of clinical examination is not neglected, and numerous illustrations show the various methods of examining different parts of the body. The charm of this book lies in the delightful style of the writer, so well preserved by the translator. A subject such as abdominal enlargement is taken, is illustrated by accounts of cases which have occurred within the author's experience, and from these is built up the whole differential diagnosis of the part under consideration. As is necessary in this type of book, there are illustrations not only of actual cases, but also of methods of examination—those of abdominal palpation being particularly good. The illustrations are all clear and plentiful (there are indeed more illustrations than pages in the book) though they are not very artistic. In an English version we wonder why the translator has kept the term "hygroma" throughout the book instead of using the more usual word "bursa."

To the senior student of medicine (in the widest sense) who has time to relax from the strenuous study of standard text-books we can strongly recommend this book of Prof. Lejars', as one from which he can easily gain valuable clinical knowledge from his armchair.

THOMSON AND MILES'S MANUAL OF SURGERY. By ALEXANDER MILES, M.D., F.R.C.S., and D. P. D. WILKIE, M.D., F.R.C.S. Vol. I: General Surgery. Eighth edition. (Humphrey Milford, Oxford University Press, 1931.) Pp. xvi + 574. Price 12s. 6d. net.

This well-known work enters upon a new era for two reasons: firstly Prof. D. P. D. Wilkie becomes a co-editor with Mr. Miles, and secondly, twenty-one coadjutors have each undertaken the revision of the section of the work in which he is particularly interested. The editors can justly claim that the work faithfully presents the present-day position of surgery, particularly the Edinburgh School. The pathology is essentially practical. The few pages on whitlow, illustrated by excellent diagrams, are amongst the best that we have seen. The authors' insistence on passive hyperemia as a valuable treatment in infections makes it one of the most striking features of the section. Bier's constricting bandage is too often looked upon as a relic of ancient usage, to be put in the museum with tortoise-shell-handled bistouries and old cupping-glasses. The authors make no mention of vaccines or sera in the treatment of acute infections such as septicæmia, except to say that anti-streptococcal sera are of no value in erysipelas. The treatment of generalized infections by blood-transfusion, which appears to be one of the most valuable measures, especially in desperate cases of pyæmia, is also neglected. The section on tetanus is masterly; it would be hard to imagine a finer description. The treatment of malignant disease by radium and X-rays is mentioned with caution, and due regard is given to the fact that it is still far from being the universal remedy for all cases. It is noted that it is more efficacious in rodent ulcer than in deeper growths. The tannic acid treatment of burns is well presented. Blood-transfusion in infants through the anterior fontanelle is described, but no warning is given of its dangers, which according to some authors, outweigh its advantages. The increase in size is small and is due mainly to the additional illustrations. These are profuse, and show a high standard of photography. The reproductions of X-ray plates are particularly fine.

The names alone of the editors of this book are sufficient to guarantee its excellence, and it maintains its place in the forefront of standard surgical text-books.

TAYLOR'S PRACTICE OF MEDICINE. By E. P. POULTON, M.A., M.D., F.R.C.P., with the assistance of C. P. SYMONDS, M.A., M.D., F.R.C.P., H. W. BARBER, M.A., M.B., F.R.C.P., and R. D. GILLESPIE, M.D., M.R.C.P. Fourteenth edition. (London: J. & A. Churchill, 1930.) Pp. xvi + 1074. 64 plates (12 coloured), and 103 text-figures. Price 35s. net.

Forty years have elapsed since the first, and five since the last edition of this book was published. During the first period the field of medicine has widened and deepened so that no single man dares to cover the whole with authority. "Sir Frederick Taylor and Sir William Osler will perhaps have been the last to have made the attempt," wrote Dr. Poulton, regretfully, in 1922. If one compares the latest "Osler" with the latest "Taylor," one cannot but be struck by the benefit which accrues from the method of importing co-editors, though the thought lingers that the logical conclusion of the matter is a complete conversion to the semi-system status of "Price" and "Cecil."

During the second period, since the thirteenth edition, medicine has changed in certain branches to such an extent that many articles have had to be rewritten, including those on the allergic state, asthma, the pathology of pneumonia and fibroid lung, intrathoracic neoplasms, diverticulitis, pernicious anaemia, diseases of the spleen, pituitary disease, rickets, lead poisoning, and kidney disease. The account of acute rheumatism now includes chorea. Dr. Poulton again affirms his belief in the value of illustrations in the practical way of increasing their number. The new radiograms are extremely good. The book is a credit to the Guy's School of Medicine.

One word of praise is due to Messrs. J. & A. Churchill; the standard of their "text-books" and the value of their "Recent Advances" series place them in the front rank of medical publishers.

LECTURES ON DISEASES OF CHILDREN. By ROBERT HUTCHISON, M.D., F.R.C.P. Sixth edition. (London: Edward Arnold, 1931.) Pp. viii + 487. Price 21s. net.

The reappearance of a book that has long been regarded as a medical classic calls for little more than a word of cordial welcome from a reviewer. This series of lectures has been a favourite these many years with medical students, or at least with those of them who appreciate the flavour of clinical wisdom, served in simple English style for their consumption. Without going into detail, the author presents a general view of his subject, so that we can follow his method of approach to diagnosis, and—what is greatly appreciated—take his advice in treatment.

MONOGRAPH ON BIOCHEMISTRY. ENZYMES. By J. B. S. HALDANE. (London: Longmans, Green & Co., 1931.) Pp. 235. Illustrated. Price 14s. net.

This monograph makes an excellent addition to the Biochemistry Series. It may be considered as a sequel to Bayliss's work on the same subject, which it in no way displaces. The subject is treated from the kinetic standpoint, and inevitably the reader finds himself embarking on a sea of mathematics. Much of it is fairly plain sailing, but Chapter V can have an appeal only for those whose mathematical education has been of the "higher" order. This chapter, dealing with the course of enzymatic reactions and mathematical theory, is one of the most original in the book. Many of the other chapters suffer from compression of the subject-matter. So much is treated on each page that it is necessary for the reader to have a fair acquaintance with the original literature of the subject in order to gain much from the book itself.

The final chapters on the more general properties, the methods of purification and the theories of enzyme action are particularly too brief, and would, if extended, greatly improve the general balance of the book.

There appears to be little advantage in restricting the meaning of "co-enzyme" to the "heat stable crystalloidal organic substances of fairly high specificity associated with an enzyme in nature." Until more is known about concomitant substances, both organic and inorganic, crystalloidal and colloidal, it would be better not to attempt to define such terms as "co-enzymes." The term "complement" should be reserved for the immunological substance present in blood-serum. The conclusion (on p. 120) that amylase may adsorb a layer of dihexosan molecules, but can hardly adsorb a layer of starch molecules, which are very large, is not warranted by

experiment. On p. 125 the author states that resting *B. coli* "reduces" a large number of substances. Surely he means "oxidises"!

The book, if well digested, will be useful for those interested in the modern developments of enzyme chemistry.

THE NOTE-BOOK OF EDWARD JENNER IN THE POSSESSION OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON. (Oxford University Press: Humphrey Milford, 1931.) Pp. vii + 49. Price 3s. 6d. net.

This manuscript note-book, written in Jenner's hand and printed now for the first time, became the property of the Royal College of Physicians in 1888. Of its authenticity there is, as Dr. Chaplin points out in the preface, no doubt. The period covered is from 1787-1806, and the subject-matter concerns chiefly and most interestingly the habits of the cuckoo. In a short but illuminating essay on "Edward Jenner, M.D., as a Naturalist," written by Dr. Dawtre Drevitt at the request of Sir John Rose Bradford, the importance of these observations is explained, together with their relation to the contemporary natural history. The observations in this note-book formed the basis of a communication to the Royal Society in which Jenner showed that it was the young nestling cuckoos who destroyed the rightful occupants of the nest—a state of affairs that was incredible to most naturalists of his day. The other notes refer to the finding of hydatids in the bodies of various domestic animals, which led Jenner to the theory that tuberculosis was closely allied to hydatid disease. The note-book gives one an insight into Jenner's way of experimenting, and shows that application to observations of natural phenomena, which had, in the matter of vaccination, such far-reaching results for mankind. A photograph of Lawrence's portrait of Jenner makes an attractive frontispiece, and the pleasant make-up of the book is what is expected of the publisher.

A HANDBOOK FOR NURSES. By J. K. WATSON, M.D. Ninth edition. (Faber & Faber, 1931.) Pp. xii + 1055. Price 10s. 6d.

Dr. Watson is modest in calling this volume a "handbook," which, by virtue of its thousand and fifty-two pages and copious illustrations and index almost deserves the name "system of nursing." Since the last edition only two years ago the author has revised the whole work "drastically," and has re-written much of it. Furthermore, the volume has obviously gained in value from the assistance of Miss Cowlin, Miss Sims and Miss Simmonds, who have dealt with the practical nursing and invalid cookery sections. The radium and diathermy section is fascinating, dealing briefly with the discovery and romance of radium, and containing an especially valuable table of rules for the preparation and supervision of a patient undergoing treatment in order to prevent accident or loss. The section on anaesthetics is sound and common sense: "Do not be in a hurry to rouse the patient if all is well; let him sleep as long as he will," might be taken to heart by those who are inclined to smack the patient's face and tell him to "wake up"—possibly this is a factor in some cases of post-anaesthetic vomiting. Spinal anaesthesia, "percaïne," combined gas and oxygen and local infiltration are fully discussed. The limitations of the ethyl chloride spray are noted. The two coloured anatomical plates in the first section are well done, but the second transparent sheet is confusing, containing the nerves and vessels of the front and back side by side. The anatomy is clear, the physiology a trifle too full; the section on the blood makes heavy going for a nurse who does not really want to know that red blood-cells have a diameter of $\frac{1}{3000}$ th of an inch in mammalia "except that they are smaller in the deer and larger in the elephant." Dr. Watson's zeal for comparative anatomy reveals itself more than once. The picture on p. 35 reproduced from *Quain's Anatomy* is far from clear, and would have been better replaced by another. The rest of the work is lucidly and lavishly illustrated by simple outline drawings, diagrams and photographs. The page of drawings (p. 328) illustrating digital compression of vessels is worth twenty of explanation. Hardly any of the routine instruments and appliances used in the wards, theatre or in private nursing are missing. No nurse need ever seek knowledge and go away unsatisfied from this astonishingly complete book, and a nurse going forth into private practice need never feel afraid of being found wanting in some unexpected emergency if she carries this volume in her bag. The price of half a guinea makes it really a cheap book—it is worth double.

A HANDBOOK FOR SENIOR NURSES AND MIDWIVES. By J. K. WATSON, M.D., Capt. R.A.M.C. Second Edition. (Oxford Medical Publications, 1931.) Pp. xix + 676. Price 12s. 6d.

Throughout this book the teaching is sound and explicit, the highest authorities being followed in each section. The medical section is curiously short and inadequate, no reference being made to cardiac, renal or respiratory diseases. Encephalitis is fully dealt with, but no other disease of the nervous system receives mention. There is an excellent chapter on smallpox, but the nurse will have to refer elsewhere for the other fevers. The chapter on cancer very properly stresses the necessity of early diagnosis; it would surely be an advantage to add to this chapter a discussion of the symptoms and signs which should lead to a suspicion of early malignant disease in the different organs of the body.

The surgical and obstetrical sections are remarkably good, the commoner conditions being discussed at length. A useful section deals with diseases of children.

This book, together with the author's more elementary text-book for nurses, is intended to supply all the information a nurse requires in medical, surgical and obstetrical matters. In view of the shortcomings of the medical section, it can scarcely be said that this intention has been realized.

RECENT ADVANCES IN RADIOLOGY. By PETER KERLEY, M.B., B.Ch., D.M.R.E. (London: J. & A. Churchill, 1931.) Pp. viii + 324. 120 illustrations. Price 12s. 6d. net.

The first part of the book covers briefly almost the whole field of X-ray diagnosis, recent advances being, as it were, incorporated into the work, so that it forms a very up-to-date text-book of radiology. The text is clearly written, and mainly concerned with a description of the X-ray appearances, but the aetiology and pathology of many of the conditions described are also referred to, and so the clinical and radiological sides are well co-related. There are very numerous and excellently reproduced radiograms illustrating the conditions described.

The second part deals briefly with X-ray therapy, and unfortunately is marred by two errors. The first is a misstatement of the international "r" unit of measurement, which is not derived from a radium balance as the author states, but is derived from a measurement of the ionization current produced by the X-ray beam itself. The second is in using this unit of measurement without any reference to the quality of the X-ray beam, or the time during which it was administered. At the end of each chapter is an excellent bibliography, while at the end of the book there is an index of the authors referred to, as well as a general index, which makes the book not only generally useful, but also admirable as a reference book for anyone wishing to study any isolated problem connected with radiology.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS. By Sir WILLIAM HALE-WHITE, K.B.E., M.D. Twentieth edition. Revised by A. H. DOUTHWAITE, M.D., F.R.C.P. (London: J. & A. Churchill, 1931.) Pp. viii + 712. Price 10s. 6d.

This little green book with its imposing title has been one of the most popular of its kind among students and practitioners since 1892. That it has reached a twentieth edition is sufficient evidence of its usefulness. The more important additions are sections dealing with ephedrine, quinidine, avertin, liver, lipiodol, uroselectan, parathormone and novasurol.

HANDBOOK OF DIETS. By ROSE M. SIMMONDS, S.R.N., Dietitian to the London Hospital. (London: William Heinemann, Ltd., 1931.) Pp. vii + 108. Price 7s. 6d.

In this useful little volume are collected together height and weight tables, food value tables and details of every common type of diet, together with numerous recipes for high and low calcium dishes, diabetic dishes, high fat foods, various ways of preparing liver, and also some useful hints on feeding infants and older children. These diets have been used in the London Hospital during the past two years, and are therefore of proved value. The book will be very useful to the general practitioner.

AN INTRODUCTION TO PRACTICAL BACTERIOLOGY. By T. J. MACKIE, M.D., D.P.H., and J. E. MCCARTNEY, M.D., D.Sc. Third edition. (Edinburgh: E. & S. Livingstone, 1931.) Pp. xv + 421. Price 10s. 6d.

This valuable handbook requires no introduction to laboratory workers, for whose use it is intended. The present edition has been revised throughout. After preliminary chapters on the general characteristics of micro-organisms and the problems of immunity, the authors describe the use of the microscope, and give detailed instructions for the use of dark-ground illumination and the focusing of the hanging drop. The following chapters deal with the cultivation and staining of bacteria, serological methods, animal experiments and water analysis. The next chapters deal with bacteriological diagnosis, the characterization and occurrence of pathogenic bacteria, protozoa and fungi, and the methods of bacteriological investigation of various infections, including practical hints of great value to the laboratory worker. There is a good summary of recent work on the filterable viruses and on the bacteriophage. Tropical diseases are adequately dealt with, and many organisms of interest only to veterinary workers are fully described in smaller print.

The book is almost a necessity to laboratory workers, and it is confidently recommended to every pathological clerk who takes more than a passing interest in bacteriology.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ABRAHAMS, ADOLPHE, O.B.E., M.D., M.R.C.P. "Exercise and the Medical Man." *Practitioner*, May, 1931.
- ANDREWS, C. H., M.D. "Immunity in Virus Diseases." *Lancet*, May 2nd and 9th, 1931.
- ARMSTRONG, R. R., M.D., M.R.C.P., and JOHNSON, R. S., M.D., M.R.C.P. "Concentrated Anti-pneumococcal Serum in the Treatment of Lobar Pneumonia." *British Medical Journal*, April 25th, 1931.
- BAXTER, W. S., B.A., M.R.C.S. See CULLINAN and BAXTER.
- BLACKABY, E. J., M.R.C.S., D.T.M.&H. "A Case of Multiple Osteochondromata with Obstructed Labour." *British Medical Journal*, April 25th, 1931.
- BROWN, W. G. SCOTT, M.B., F.R.C.S. "Cavernous Sinus Thrombosis: A Fatal Complication of Minor Facial Sepsis." *Lancet*, May 2nd, 1931.
- CASTLEDEN, L. I. M., M.D. "Cerebral Haemorrhage Following Meningitis in a Child." *Lancet*, April 25th, 1931.
- CHANDLER, F. G., M.A., M.D., F.R.C.P. "Thoracoscopic Technique Influenced by Type and Position of Adhesions." *Lancet*, May 2nd, 1931.
- CULLINAN, E. R., M.D., M.R.C.P., and BAXTER, W. S., B.A., M.R.C.S. "A Case of Malignant Endocarditis (Pneumococcal) with Early Calcification and with Calcareous Renal Emboli." *American Heart Journal*, February, 1931.
- GAISFORD, WILFRID F., M.D., M.R.C.P. "A Case of Congenital Hypertrophic Pyloric Stenosis." *Archives Disease in Childhood*, April, 1931.
- JOHNSON, R. S., M.D., M.R.C.P. See ARMSTRONG and JOHNSON.
- JONES, W. HOWARD, M.B., B.S. "Durocaine in Spinal Anaesthesia." *Lancet*, May 2nd, 1931.
- LLOYD, ERIC I., F.R.C.S. "Femoral Hernia in a Boy of 5 Years." *British Journal of Surgery*, April, 1931.
- LLOYD, W. E., M.D., M.R.C.P. (R. R. TRAIL, M.D., M.R.C.P., and W. E. L.). "The Transatlantic Scholarship Tour: Impressions of Radiological Work." *Tubercle*, May, 1931.
- MILES, W. ERNEST, F.R.C.S. "Ano-Rectal Fistulae: Their Classification, Pathology and Treatment." *Practitioner*, May, 1931.
- MORLOCK, H. V., M.C., M.D., M.R.C.P. "The Modern Conception of Early Phthisis." *British Medical Journal*, April 25th, 1931.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "John Abernethy, 1764-1831." *British Medical Journal*, April 25th, 1931.
- SHORE, T. H. G., M.D., F.R.C.P. "An Unusual Case of Tetanus." *Lancet*, April 25th, 1931.
- SUVANSA, SYNN, M.R.C.S. "Treatment of Tetanus by Intrathecal Injection of Carbolic Acid." *Lancet*, May 16th, 1931.
- THROWER, W. R., M.B., B.S., M.R.C.P. "The Treatment of Some Urinary Infections." *Clinical Journal*, May 6th, 1931.

EXAMINATIONS, ETC.

University of Cambridge.

The following Degree has been conferred :

M.D.—Brown, W. G. S.

Royal College of Physicians.

The following have been elected *Fellows* :

Haldin-Davis, H. D., Hilton, R., Kettle, E. H., Spilsbury, B.

The following have been admitted *Members* :

Beare, F. H., Hackett, C. J., Levitt, W. M., Preiskel, D.

Conjoint Examination Board.

Final Examination, March, 1931.

The following have completed the Examination for the Diplomas of M.R.C.S., L.R.C.P. :

Barigrasser, S., Beard, A. J. W., Bharucha, D. R., Briggs, G. D. S., Chamberlain, L. P. B., Cimmering, S., Cunningham, G. J., Evans, L. P. J., Fraser, A. C., Freeth, J. W. O., Godwin, S. E., Hackett, L. J., Halper, H. T., Hunt, J. H., Jaensch, F. J. V., Kersley, G. D., Knox, J. S., Liberis, A., List, H. M., O'Connell, J. E. A., Scott, P. G., Smith, D. A., Stamp, T. C., Staunton, H. W. G.

R. L. E. Downer has been elected a member of the British College of Obstetricians and Gynaecologists.

CHANGES OF ADDRESS.

BOURNE, G., 47, Queen Anne Street, W. 1. (Tel. Welbeck 1035.)

CULLINAN, E. R., 81, Harley Street, W. 1. (Tel. Welbeck 1834.)

DAVIES, J. LLEWELLYN, 5, Wellington Circus, Nottingham.

KLABER, R., 81, Harley Street, W. 1. (Tel. Welbeck 1834.) 17, St. Edmund's Terrace, N.W. 8. (Tel. Primrose 6164.)

LANGHORNE, D. A., The R.A.M.C. Depot, Crockham, Near Fleet, Hants.

MORGAN, L. S., Greyholme, Henley-on-Thames.

PALMER, C. SPENCER, Underhills, New Road, Teignmouth, South Devon.

APPOINTMENTS.

DOWNER, R.L.E., M.D.(Lond.), appointed by the Salop County Council as Obstetrical Consultant for the County.

HOGG, W., M.R.C.S., L.R.C.P., appointed Senior House Surgeon to the General Infirmary, Burton-on-Trent.

ROBB, W. A., M.D., M.R.C.P., appointed Pathologist to the Royal Devon and Exeter Hospital, Exeter.

BIRTHS.

BELLAMY.—On May 18th, 1931, at 27, Welbeck Street, W. 1, to Elsie, wife of Dr. W. A. Bellamy—a daughter (Rosanne).

CLARK.—On March 17th, 1931, in Pretoria, South Africa, to Phillis, wife of Bernard Maule Clark, M.R.C.P.—a son (Roger Maule).

HOWELL.—On April 30th, 1931, at Tudor House, Tenby, to Vera (*née* Harries), wife of Handley Howell, M.R.C.S., L.R.C.P.—a son.

McNAIR.—On May 13th, 1931, at 27, Welbeck Street, W., to Grace (*née* Buist), the wife of Arthur J. McNair, F.R.C.S.—a daughter.

OKELL.—On May 14th, 1931, at Grange Lane, Winsford, Cheshire, to Hilda Margaret (*née* Dutton), wife of Dr. Robert Okell—a daughter.

TAYLOR.—On May 2nd, 1931, at Tunbridge Wells, to Dr. and Mrs. A. F. Taylor, of Mayfield, Sussex—a daughter.

MARRIAGES.

ALDRIDGE—OPENSHAW.—On April 28th, 1931, at Hendon St. Mary's, Dr. John Aldridge, only son of Mrs. Constance Aldridge, of 31, Holland Park Avenue, W. 11, and the late George Aldridge, and grandson of the late John Rees Gabe, M.D., to Betty, daughter of Mr. and Mrs. J. de R. Openshaw.

FELLS—FRANKS.—On May 20th, 1931, at Highbury Chapel, Bristol, Roy R. Fells, M.B., 12D, Cotham Road, Bristol, to Rosalind, daughter of Dr. and Mrs. Franks, Western College, Bristol.

MUIR—STIRLING.—On May 16th, 1931, at the Friends' Meeting House, Bournemouth, Dr. D. Miller Muir, of Exeter, Devon, to Eleanor, only daughter of Mrs. and the late Thomas Stirling, of Bearsdon, Dumbartonshire.

ORMEROD—MARTIN.—On May 16th, 1931, at All Saints' Church, Woodford Wells, Essex, by the Ven. Archdeacon of Southend, assisted by the Rev. E. W. Ormerod, M.A., brother of the bridegroom, and by the Vicar, the Rev. T. C. R. Moore, M.A., Thomas Laurence Ormerod, M.B., youngest son of the late Dr. J. A. Ormerod, F.R.C.P., of 25, Upper Wimpole Street, W., to Margaret Muriel Challis, second daughter of Mr. and Mrs. H. C. Martin, of Elm View, Woodford Green.

SCOTT—CAIRNS.—On May 9th, 1931, at Holy Trinity, St. Marylebone, by the Rev. G. F. Saywell, Rector, and the Rev. C. C. Snell, Vicar, Littlehampton, Philip Geoffrey Scott, B.A.(Cantab.), M.R.C.S., L.R.C.P., second son of Sidney Richard Scott, F.R.C., and Mrs. Scott, of 130, Harley Street, London, to Margaret Elizabeth, elder daughter of Mr. and Mrs. Andrew Cairns, of Littlehampton, Sussex.

DEATHS.

BONTOR.—On May 8th, 1931, at a nursing home, Hampstead, Sidney Algernon Bontor, M.D., of 61, Lancaster Road, Hampstead, late of Great Berkhamsted, Herts.

GLYNN.—On May 12th, 1931, at Bryn Bella, St. Asaph, Thomas Robinson Glynn, M.D., F.R.C.P., Emeritus Professor of Medicine, University of Liverpool, aged 90.

HYDE.—On April 29th, 1931, at Woodrrough, Bramley, Guildford, Dr. H. Feeney Hyde, aged 63.

MILNER.—On May 12th, 1931, suddenly, at Reading, Dr. S. W. Milner, late of Bere Alston, Devon, and late Captain R.A.M.C., dearly loved husband of Leah Milner, and son of the late Rev. Thomas Milner, of Malton, Yorks.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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